

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09, 786, 043

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5		2				
6	/					
7	/					
8	/					
9		2				
10	/					
11	/					
12	/					
13		2				
14	/					
15	/					
16	/					
17		2				
18	/					
19	/					
20		2				
21	/					
22	/					
23		2				
24		①				
25		①				
26	/					
27	/					
28	/					
29		①				
30		①				
31	/					
32		①				
33		①				
34		①				
35	/					
36	/					
37		①				
38		①				
39		①				
40		①				
41	/					
42	/					
43	/					
44	/					
45		3				
46		3				
47	/					
48	/					
49	/					
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		IN
	IND.	DEP.	IND.	DEP.	
51	/	①			
52	/	①			
53	/	①			
54	/	①			
55	/				
56	/				
57	/				
58	/				
59	/				
60	/				
61	/				
62	/				
63	/				
64	/				
65	/				
66	/				
67	/				
68	/				
69	/				
70	/				
71	/				
72	/				
73	/				
74	/				
75	/				
76	/				
77	/				
78	/				
79	/				
80	/				
81	/				
82	/				
83	/				
84	/				
85	/				
86	/				
87	/				
88	/				
89	/	①			
90	/	①			
91	/	①			
92	/				
93	/				
94	/				
95	/	①			
96	/	①			
97	/				
98	/				
99	/				
100	/				
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-786,043

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
10	/						51					
102	/						52					
103	/						53					
104		/					54					
105		/					55					
106	/						56					
107	/						57					
108		/					58					
109		/					59					
110	/						60					
111	/						61					
112		/					62					
113		/					63					
114	/						64					
115	/						65					
116		/					66					
117		/					67					
118	/						68					
119		/					69					
120		/					70					
121	/						71					
122		/					72					
123		/					73					
124		/					74					
125		/					75					
126	/						76					
127	/						77					
128	/						78					
129		/					79					
130		/					80					
131	/						81					
132		/					82					
133		/					83					
134		/					84					
135	/						85					
136	/						86					
137		/					87					
138		/					88					
139		4					89					
140		4					90					
141		4					91					
142	/						92					
143		/					93					
144		/					94					
145		2					95					
146		2					96					
147	/						97					
148	/						98					
149	/						99					
150	/						100					
TOTAL IND.	22						TOTAL IND.					
TOTAL DEP.	39						TOTAL DEP.					
TOTAL CLAIMS	61						TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

Claim		Date											
Final	Original												
151	2												
152													
153													
154													
155													
156													
157													
158	N												
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													

Claim		Date											
Final	Original												
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													

Claim		Date											
Final	Original												
101													
102													
103													
104													
105													
106													
107													
108													
109													
110													
111													
112													
113													
114													
115													
116													
117													
118													
119													
120													
121													
122													
123													
124													
125													
126													
127													
128													
129													
130													
131													
132													
133													
134													
135													
136													
137													
138													
139													
140													
141													
142													
143													
144													
145													
146													
147													
148													
149													
150													

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

2/20/22